

**STATE OF ALABAMA  
OFFICE OF STATE TREASURER  
SAFE Division**

**PUBLIC DEPOSIT CLAIM AND AGREEMENT**

**THIS CLAIM** is presented for payment this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ to the State  
Treasurer of Alabama by \_\_\_\_\_  
located at \_\_\_\_\_.

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**Public Depositor Account Information** (complete for each account)

Account Number: \_\_\_\_\_ Type of Account \_\_\_\_\_

Account Name: \_\_\_\_\_

**Qualified Public Depository (QPD) Information**

QPD's Name \_\_\_\_\_

For protection under the SAFE Program, the depository MUST be a QPD

QPD's FEIN \_\_\_\_\_ Date of Default or Insolvency: \_\_\_\_\_

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**Amount Claimed**

Principal Amount in Account: \$ \_\_\_\_\_

Interest Earned or Accrued but not Paid  
As of the Date of Default or Insolvency: \$ \_\_\_\_\_

Total Principal and Interest: \$ \_\_\_\_\_

Less FDIC: \$ \_\_\_\_\_

Adjustments, if applicable: \$ \_\_\_\_\_

NET CLAIM: \$ \_\_\_\_\_

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**Payment of Claim**

Payment will be in the form of a state warrant which will be mailed to the public depositor at the address stated above.

**Agreement for Settlement of Claim**

The public depositor, by submission of a claim, agrees to the following terms:

(1) Proof of authorization to execute this form shall accompany the claim. Proof may include Board (Legislative) resolution, the organization's charter or internal documentation that states the delegation of authority.

(2) The claim is for funds which meet the definition of a public deposit under Section 41-14A-2, Code of Alabama 1975, as amended, and is not exempt under the laws of Alabama.

(3) Responsibility for research, if required, to support the assertion that the claim covers a public deposit and is not exempt shall be accepted by the public depositor.

(4) Evidence of deposit insurance afforded this public deposit shall accompany the claim. The net claim shall be an uncompensated loss that is not subject to any indemnification other than that provided by the SAFE Program.

(5) Assignment to the Treasurer for the account of the Loss Payment Fund of any interest in funds that become available to the defaulted qualified public depository.

(6) Indemnification of the Treasurer for any claims of other parties, including costs of litigation and attorneys' fees, with respect to the claim.

I declare that I have read the foregoing Public Deposit Claim Form and Agreement and that the facts stated in it are true.

By: \_\_\_\_\_  
Authorized Signature for Public Depositor

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Fax: \_\_\_\_\_

STATE OF ALABAMA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_